

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
FC	)R	NUMBI	R FILED NUMBER E		EXTRA	RATE	FEE		RATE	FEE	
BA	SIC FEE						380.00	OR		760.00	
TC	TAL CLAIMS	3	/ minus 2	20= *	i)	X\$ 9=		OR	X\$18=	198	
INDEPENDENT CLAIMS   minus 3 = * 3						X39=		OR	X78=	234	
MULTIPLE DEPENDENT CLAIM PRESENT								OR	+260=		
* If	the difference.	TOTAL		OR	TOTAL	1192					
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							ENTITY	OR	OTHER SMALL I		
AMENDMENT A	a	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· <i>3</i> 3	Minus	** 31	=2	X\$ 9=	18	OR	X\$18=		
AME	Independent	* 5	Minus	*** 6 PENDENT CLAIM	=	X39=		OR	X78=		
	PIRST PRESE	NIATION OF M	OLTIPLE DEP	PENDENT CLAIM		+130=		OR	+260=		
						TOTAL	-	OR	TOTAL ADDIT, FEE		
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE			ADDII. FEEI		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	=	X39=		OR	X78=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT CLAIM		+130=		OR	+260=		
		·		TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE				
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	; ,	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**	=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	=	X39=		OR	X78=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM		+130=		OR	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:	9/	356119					•				
Total Fee Calculation												
	Fee Cade	Total # Claims	Number Extra	x_	Fee	Fee		Total				
	S∞∕Lg.				Sm. Entity	Lg. Eatity-	•					
Basic Filing Fee	201/101			•		760	.=	760				
Total Claims >20	203/103	3/ -20-		X .		198	=	198				
Independent Claims >3	202/102	<u>b</u> -3 =	<u> </u>	x	1	234	<b>3</b>	234				
Mult Dep Claim Present	204/104					~~~~	=	<del></del>				
Surcharge	205/105			-		130	-	130				
English Translation	139	•				, <b>.</b>						
TOTAL FEE CALCUL	ATION .		٠,					132)				
Fees due upon filing the application:												
Total Filing Fees Due	= \$		322,00	<del>-</del>	· •	,						
Less Filing Fees Subn	nined - S			, 								
BALANCE DUE	= S		322.00			·		. •				
	$\Omega$	,										

FORM OPE-RAM-01 (Rev. 12/97)